

**CAP-MR/DD ENDORSEMENT  
QUESTION AND ANSWER  
September 8, 2006**

<b>TOPIC</b>	<b>QUESTION</b>	<b>RESPONSE</b>
CAP-MR/DD Endorsement	According to the document, "When a provider has not previously provided a specific wavier service, endorsement for that service will be conditional and may be granted for up to one year". We have been told by the Division that conditional endorsement can be granted for up to 18 months, is your 12 month (1 year) stipulation specific only to CAP or is this an error?	Conditional endorsement may be granted for up to 18 months for CAP-MR/DD providers. The expectation is that as providers indicate readiness they will be reviewed against the check sheets for the services which they are providing.
CAP-MR/DD Endorsement	For currently enrolled providers who must sign the MOA, what are the expectations if the provider is not able to meet the requirements, including insurance?	Currently enrolled providers will have until 10/31/06 to sign the MOA. If the provider is not able to meet the requirements during that timeframe, the process will begin to pull the enrollment of the provider. Transition planning would then need to occur for individual consumers.
CAP-MR/DD Endorsement	Are currently enrolled providers required to meet the same insurance requirements.	Yes. Please refer to Updated MOA (5-15-06) for information regarding insurance. Currently enrolled providers must provide proof of insurance upon signing of the MOA.
CAP-MR/DD Endorsement	According to the document "Conditional/Provisional endorsement status may be granted for up to a 6 month period and may be renewed once for 6 more months" for <b>new</b> CAP-MR/DD providers. Again, is this specific only for CAP or are we to follow the 18 month conditional timeframe?	<b>New</b> providers must complete the full endorsement process according to Communication Bulletin #37, #44, and #47. New providers must meet all the requirements of the service definition check sheets for services which they wish to provide. The same policy in regard to conditional/provisional endorsement applies to new CAP providers as it does to

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		new providers of MH/SA services, including the 18 month conditional timeframe.
CAP-MR/DD Endorsement	According to the document, "Attachment A only of the MOA must be signed for those providers who have previously signed the MOA for MH/SA Services". Attachment A has no place for a signature, it is a check sheet only) and specifics that additional endorsements are amended by attaching NEA letter to the MOA (not by signing the Attachment A). Are your instructions specific only to CAP or is this an error?	To further clarify, for providers of MH/SA services that have previously signed the MOA, attachment A is required along with the Notice of Endorsement Action letter. Part II of the Endorsement Application must also be completed since it relates to facility/site specific information.
CAP-MR/DD Endorsement	For already existing CAP-MR/DD providers, we have set up a process on our website to get information to enable the LME to generate the MOA(s) for us to send to the CAP providers. It looks like from the above document that you are actually reversing the process and instructing the existing CAP-MR/DD providers to generate, sign, and submit the MOA(s) to the LME (for our signatures). Are we interpreting this correctly?	The process of enrollment to provide services is the responsibility of the provider agency. Whether the LME establishes processes, such as you have described, to support providers through enrollment is up to the discretion of the LME.
CAP-MR/DD Endorsement	Will CAP providers who were enrolled with Medicaid prior to 7/31/06 have to have the required insurance as outlined in the MOA at the time of the signing of the MOA, or should we do the MOA and then hold off on sending the endorsement letter to the Division until they are in compliance with the insurance requirements?	<b>Submission of the signed MOA to the LME should be accompanied by verification that the provider has met the insurance requirements.</b> Signing of the MOA with proof of insurance must be completed by Oct. 31, 2006.

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CAP-MR/DD Endorsement	Is it correct that only one MOA per provider listing all sites within the catchment area be signed?	Yes. Only one MOA is required to be signed per LME catchment area in which service is provided.
CAP-MR/DD Endorsement	There is a separate check sheet for Enhanced Respite but not for Enhanced Personal Care and no check sheet for Personal Emergency Response System (PERS). Why?	The Enhanced Personal Care check sheet will be posted. PERS does not require endorsement by the LME. This is a service provided by a business licensed to provide 24 hour service to recipients.
CAP-MR/DD Endorsement	Any guidance re standards/requirements of "certified respite homes"? If this is old language, will an exclusion/addendum be added to the manual?	This language will not be removed from the check sheets, however, the expectation is that any licensure requirements are met as noted in the service definition. We do not have a separate certification process for respite homes outside of what is required per licensure.
CAP-MR/DD Endorsement	Do current CAP providers need to submit an application to DMA?	No, unless the provider is adding a new service they have never provided. If that is the case they would need to complete the Provider Participation Application and add a service.
CAP-MR/DD Endorsement	We have received requests for an MOA from out of area CAP providers already direct enrolled. They have not gotten an MOA from their local LME. They are not currently providing services for any of our consumers and do not have a local site. How should this be handled?	Only one MOA is required to be signed per LME catchment area <b><i>in which service is provided.</i></b>
CAP-MR/DD Endorsement	<b>Note:</b> When Notification of Endorsement Action letter is submitted to DMA, the services listed should match the services that are checked on the Provider Participation Application, and not to be listed as the services on the code list.	